



a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use 		Visit the IRS website at www.irs.gov/efile .	
b Employer identification number (EIN)				1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
d Employee's social security number				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** **Wage and Tax Statement** 2005 Department of the Treasury—Internal Revenue Service
Copy B—To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.

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Form **W-2** Wage and Tax
Statement

2005

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
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1A Wisconsin income tax

Complete form using **BLACK INK**

2005

Place label here or print

Your social security number 		Spouse's social security number 	
Your legal last name		Legal first name and middle initial	
If a joint return, spouse's legal last name		Spouse's legal first name and middle initial	
Home address (number and street)			
City or post office		State	Zip code

Filing status
☐ Single
☐ Married filing joint return (even if only one had income)
☐ Head of household (with qualifying person).
 Also, check here if married. ☐ **Fill in qualifying person's name** _____

State election campaign fund
 If you want \$1 to go to the State Election Campaign Fund, check box(es). ☐ You ☐ Your spouse
 Checking the box(es) will not change your tax or refund.

Tax district
 Check proper box and fill in name of city, village, or town, and the county in which you lived at the end of 2005.
☐ City ☐ Village ☐ Town
 Fill in name _____

County of _____

School district Fill in your school district number (see page 24) _____

ENCLOSE withholding statements

1	Wages, salaries, tips, etc. (see page 4)	1	_____	.00
2	Interest (see page 5)	2	_____	.00
3	Ordinary dividends (from line 9a of federal Form 1040A or 1040)	3	_____	.00
4	Capital gain distributions (see page 5)	4	_____	.00
5	Unemployment compensation (from worksheet, page 5)	5	_____	.00
6	Taxable IRA distributions, pensions and annuities, and social security benefits (see page 6)	6	_____	.00
7	Add lines 1 through 6	7	_____	.00
8	Educator expenses (see page 7)	8	_____	.00
9	IRA deduction (see page 7)	9	_____	.00
10	Student loan interest deduction	10	_____	.00
11	Add lines 8, 9, and 10	11	_____	.00
12	Subtract line 11 from line 7. This is your Wisconsin income	12	_____	.00
13	If your parent (or someone else) can claim you (or your spouse) as a dependent, check here <input type="checkbox"/>	13	_____	
14	Fill in the standard deduction for your filing status from table, page 16. But if you checked the box on line 13, fill in amount from worksheet, page 7	14	_____	.00
15	Subtract line 14 from line 12. If line 14 is larger than line 12, fill in 0	15	_____	.00
16	Deduction for exemptions (from line 6 of Exemption Worksheet, page 7)	16a	_____	.00
	b Fill in number of dependents (do not count yourself or your spouse) <input type="checkbox"/> You <input type="checkbox"/> Spouse		_____	
	c If you (or your spouse if filing joint) were age 65 or over , check here <input type="checkbox"/>		_____	
17	Subtract line 16a from line 15. If line 16a is larger than line 15, fill in 0. This is your taxable income	17	_____	.00
18	Tax. Use amount on line 17 to find your tax using table, page 17	18	_____	.00
19	Armed forces member credit (must be stationed outside U.S., see page 8)	19	_____	.00
20	School property tax credit			
	a Rent paid in 2005—heat included _____ .00			
	Rent paid in 2005—heat not included _____ .00			
	b Property taxes paid on home in 2005 _____ .00			
	Find credit from table page 9	20a	_____	.00
	Find credit from table page 10	20b	_____	.00
21	Working families tax credit, see page 10	21	_____	.00
22	Married couple credit. Complete schedule on reverse side	22	_____	.00
23	Add lines 19 through 22. This is the total of your credits	23	_____	.00
24	Subtract line 23 from line 18. If line 23 is larger than line 18, fill in 0. This is your net tax	24	_____	.00



PAPER CLIP payment here

25	Fill in net tax from line 24	25	.00
26	Sales and use tax due on out-of-state purchases (see page 11)	26	.00
27	Endangered resources donation (decreases refund or increases amount owed)	27	.00
28	Packers football stadium donation (decreases refund or increases amount owed)	28	.00
29	Breast cancer research donation (decreases refund or increases amount owed)	29	.00
30	Veterans trust fund donation (decreases refund or increases amount owed)	30	.00
31	Add lines 25 through 30	31	.00
32	Wisconsin income tax withheld. Enclose withholding statements . . .	32	.00
33	2005 estimated tax payments and amount applied from 2004 return .	33	.00
34	Earned income credit (see page 12) Qualifying Federal children credit	34	.00
35	Homestead credit. Attach Schedule H or H-EZ	35	.00
36	Eligible veterans and surviving spouses property tax credit	36	.00
37	Add lines 32 through 36	37	.00
38	If line 37 is more than line 31, subtract line 31 from line 37. This is the AMOUNT YOU OVERPAID	38	.00
39	Amount of line 38 you want REFUNDED TO YOU	39	.00
40	Amount of line 38 you want applied to your 2006 estimated tax . . .	40	.00
41	If line 37 is less than line 31, subtract line 37 from line 31. This is the AMOUNT YOU OWE . .	41	.00
42	Underpayment interest. Also include on line 41	42	.00

Sign below Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature	Spouse's signature (if filing jointly, BOTH must sign)	Date
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Mail your return to: Wisconsin Department of Revenue
If tax due PO Box 268, Madison WI 53790-0001
If homestead credit claimed PO Box 34, Madison WI 53786-0001
If refund or no tax due PO Box 59, Madison WI 53785-0001

For Department Use Only

R	M	Y	T	MAN	D	A	P	C			
		05									

Married Couple Credit When Both Spouses Are Employed

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

		(A) YOURSELF		(B) YOUR SPOUSE
1 Wages, salaries, tips, and other employee compensation from line 1 of Form 1A. Do not include deferred compensation or scholarships and fellowships that are not reported on a W-2	1	.00		.00
2 IRA deduction, if any, from line 9 of Form 1A	2	.00		.00
3 Subtract line 2 from line 1	3	.00		.00
4 Compare amounts in columns (A) and (B) of line 3. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000 . . .	4			.00
5 Rate of credit is .03 (3%)	5			x .03
6 Multiply line 4 by line 5. Round the result and fill in here and on line 22 on reverse side	6	Do not fill in more than \$480		.00



WISCONSIN VETERANS AND SURVIVING SPOUSES PROPERTY TAX CREDIT

Qualifications: To qualify for the Veterans and Surviving Spouses Property Tax Credit you must meet certain criteria. Review the qualifications listed below and check the box to indicate how you qualify for this credit.

Eligible unremarried surviving spouse as verified by the Wisconsin Department of Veterans Affairs:

- ☐ 1. An unremarried surviving spouse of an individual who had served on active duty in the US armed forces or in forces incorporated as part of the US armed forces, who was a resident of Wisconsin, died while on active duty.
- ☐ 2. An unremarried surviving spouse of an individual who had served on active duty under honorable conditions in the US armed forces or in forces incorporated as part of the US armed forces; who was a resident of Wisconsin at the time of entry into active service; who was at least 65 years of age at the time of his or her death or would have been 65 years of age at the close of the year in which the death occurred; who was a resident of Wisconsin at the time of his or her death; and who had a service-connected disability rating of 100% under 38USC 1114 or 1134.
- ☐ 3. An unremarried surviving spouse of an individual who had served in the National Guard or a reserve component of the US armed forces, who was a resident of Wisconsin at the time of entry into that service, and who, while a resident of Wisconsin, died in the line of duty while on active or inactive duty for training purposes.

Eligible veteran as verified by the Wisconsin Department of Veterans Affairs:

- ☐ 4. An individual who is at least 65 years of age and who served on active duty under honorable conditions in the US armed forces or in forces incorporated in the US armed forces, who was a resident of Wisconsin at the time of entry into active service, who had a service-connected disability rating of 100% under 38USC 1114 or 1134, and who is currently a resident of Wisconsin for purposes of receiving veterans benefits under ch. 45, Wis. Stats.

Real Estate Taxes: The credit is equal to the property taxes paid during 2005 on the claimant's principal dwelling in Wisconsin.

Address of principal dwelling: _____

Amount of real estate taxes paid on principal dwelling in 2005 \$ _____